



NASSAU COUNTY BOARD OF ELECTIONS

400 COUNTY SEAT DRIVE

MINEOLA N.Y. 11501

PLEASE NOTE: The New York State Freedom of Information Act provides that the custodial agency may take up to five (5) working days to rule on a Freedom of Information request.

TIME STAMP

Certificate of Examination



VIEW



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PETITION OR CERTIFICATE TO BE EXAMINED

Name of Political Party: _____

Name of Candidate and Political Office: _____

Political Subdivision: _____

PERSON EXAMINING PETITION OR CERTIFICATE

Date _____

I, the undersigned, agree to abide by the rules and regulations as listed below:

(Note: All Additional Examiners Sign on Reverse Side of This Form)

(Print Name: _____ (Examiners Signature): _____

(Address): _____ (Phone): _____

1. No person examining any petition or certificate may use or have in their possession a pen or indelible pencil.
2. No person or group may examine any petition or certificate for a period of more than two (2) consecutive hours if another person is waiting to examine the same petition or certificate.
3. An examination of any petition or certificate shall be made only in the general office of the Board and in the presence of one or more employees of the Board of Election's.
4. Specifications of objections shall be typewritten. Each objection shall be separately stated and numbered. Whenever reference is made to a specific signature, such reference shall be by volume, page and line number.
5. The objection must be dated and signed and must contain the address of the objector.

Requesting Party Information: Signature: _____ Date: _____

Reason for Request: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Representing: _____

Daytime Phone: _____

Business Address _____

City: _____ State: _____ Zip: _____

FOR BOARD USE ONLY

SUBMITTED BY: _____

APPROVED BY: _____

REP. MEMBER _____

DEM. MEMBER _____

REJECTED: _____

DATE: _____